

Ensuring Access to MAT Across the Continuum of Care

Regulatory and Contractual Considerations

November 1, 2021



Reminders

- This call is going to be recorded and posted to the DDAP website for future reference. **If you do not wish to be recorded, please exit the call now.**
- Please mute your phones and leave them on mute during the call.
- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- Suggestions for future call topics? Please submit to RA-DAASAM@pa.gov.

Agenda

1. Regulatory and Licensing

Jodi Skiles, Bureau Director

Bureau of Program Licensure

Jacquelyn Fahlor, Drug and Alcohol Licensing Specialist Supervisor

Bureau of Program Licensure

2. DDAP Case Management and Clinical Services Manual

Jeffrey Geibel, Director

Prevention and Treatment Division

3. Questions and Answers/Scenarios

Kathleen Hoagland LPC, CAADC Program Representative Supervisor

Division of Program Support and Quality Improvement



Guidance for Concurrent Care for NTP and Residential Facilities



*The following slides (#4 - #9) apply to Narcotic Treatment Programs (NTP) and residential facilities. NTP's are those facilities that are certified as an Opioid Treatment Program (OTP) through SAMHSA and have a DEA registration in the facility name. A facility with a NTP/OTP that dispenses buprenorphine, is required to follow the Chapter 715 regulations. **This does not apply to buprenorphine that comes from a private practitioner or to the use of Vivitrol.*

NTP Requirements

1. The NTP Medical Director/physician has sole responsibility for the determination of methadone dose and schedule. (28 Pa. Code §715.17 (c)(1)(i))

Any questions or issues the residential facility staff may have regarding the patient/client's methadone dose must be addressed directly with the NTP Medical Director/physician.

2. A NTP may not permit a patient to receive more than a 2-week take-home supply of medication. (28 Pa. Code §715.16(e))



NTP Requirements

3. The NTP must request an exception for off-site dosing on the SAMHSA/CSAT website: [https://otp-extranet.samhsa.gov/request/\(S\(rl1a1gkpytc4t2hewoao40sf\)\)/default.aspx](https://otp-extranet.samhsa.gov/request/(S(rl1a1gkpytc4t2hewoao40sf))/default.aspx) (28 Pa. Code §715.29)

The NTP will provide a copy of the approved exception to the residential facility.

4. A NTP shall label all take-home medication with the patient's name and the NTP name, address and telephone number and shall package all take-home medication as required by Federal regulation. (28 Pa. Code §715.15(d))

5. Urine testing - Methadone patients/clients who are participating in a residential treatment program will be required to submit at least one drug screen per month. Although this is a requirement of the NTP, it can be coordinated between the providers. This should be addressed during the initial referral process. (28 Pa. Code §715.14a)



Residential Facility Requirements

1. Policies and procedures should be updated to include the use and storage of methadone from the NTP. (28 Pa. Code §709.32 (c))
2. If a patient/client leaves the residential facility against medical advice (AMA), a member of the residential staff will immediately contact the NTP to determine next course of action. DEA should be consulted. (Policy and Procedure should be updated).



Both NTP/and Residential Facility Requirements

1. TAKE HOME MEDICATION IS THE PATIENT/CLIENT'S MEDICATION. ONLY THE PATIENT/CLIENT SHOULD HAVE A KEY TO THE LOCK BOX. Neither the NTP nor the residential facility should possess the key to the patient/client lock box. The lock box must be maintained in a secure medication storage area (designated locked file/cabinet, medication cart, safe, etc.)
2. Any delivery of patient/client take-home medication should follow regulatory requirements for medication control (28 Pa. Code §709.32(c)(2) drug storage area), and all federal regulations (SAMHSA chain of custody and DEA).
3. Patient/Client Record Requirements - With a valid consent, patient/client record documentation should be shared with the NTP. (28 Pa. Code §709.52, 28 Pa. Code §709.53, 28 Pa. Code §709.63).



Incident Reporting

1. The residential facility is responsible for reporting unusual incidents that occur under 28 Pa. Code §709.34. The NTP is responsible for reporting unusual incidents that occur under 28 Pa. Code §709.34 and 28 Pa. Code §715.28. Submission of the unusual incident shall be coordinated between the facilities.
2. Medication errors resulting in a discrepancy in the amount of methadone. (28 Pa. Code §715.17(c)(6)) (28 Pa. Code §715.17 (c)(4) medication accountability and 28 Pa. Code §709.32 (c) policy and procedure) and (28 Pa. Code §715.28 (a)(10) incident reporting)
3. The Unusual Incident Report form can be found on www.ddap.pa.gov or can be filed online via the Electronic Reporting System <https://sais.health.pa.gov/Incidents/facilitylogin.asp?type=ddap>



Consult with DEA and SAMHSA for Additional Guidance:

SAMHSA www.samhsa.gov/medication-assisted-treatment/about-dpt

DEA [eCFR :: 42 CFR 8.12 -- Federal opioid treatment standards.](#)

COVID Guidance [Guidance Documents \(usdoj.gov\)](#)



The department sent out guidance on June 14, 2021 regarding three temporary regulatory suspensions granted by the Governor’s declaration of a disaster emergency due to the coronavirus pandemic. House Bill 1861, which was signed into law today by Governor Wolf, further extends those regulatory suspensions from September 30, 2021 until March 31, 2022 unless terminated sooner. In addition to the suspensions noted in the department’s previous communication, one additional regulatory suspension from the Department of State, also relevant to the field, is added to the chart below and also suspended until March 31, 2022. If you have any further questions, please contact the Bureau of Program Licensure at (717) 783-8675 or RA-licensuredivision@pa.gov.

Statute/Regulation	Statute/Regulation Purpose	Waiver benefit/explanation
28 Pa. Code § 715.16(e)	Prohibits narcotic treatment programs (NTPs –methadone clinics) from permitting a patient to receive more than a 2-week take-home supply of medication	In response to COVID-19, SAMHSA is allowing up to 28 days of take-home medications for patients on stable dosages, if the physician deems appropriate.
28 Pa. Code § 715.9(a)(4)	Requires NTPs to make a face-to-face determination before admission to treatment, for those clients who will receive buprenorphine treatment.	In response to COVID-19, SAMHSA is allowing initial evaluations for a patient who will be treated with buprenorphine to be completed via telehealth.
28 Pa. Code § 715.6(d)	Requires NTPs to have narcotic treatment physician services onsite.	In response to COVID-19, SAMHSA is allowing initial evaluations for a patient who will be treated with buprenorphine to be completed via telehealth
49 Pa. Code § 16.92(b)(1) (Department of State)	Before a patient can be prescribed any controlled substance in Pennsylvania, a person licensed to practice medicine and surgery in the commonwealth, or otherwise licensed or regulated by the State Board of Medicine, must take an initial medical history and conduct an initial physical examination, unless emergency circumstances justify otherwise.	In response to COVID-19, the Department of State suspended the initial medical history and physical examination requirement specifically for the treatment of opioid-use disorder with buprenorphine.

Medication Assisted Treatment (MAT)

- Medication Assisted Treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of SUD and can help some people to sustain recovery.



MAT

The coordination of care between therapeutic and pharmaceutical interventions is critical. Individuals with SUD who have a disorder for which there are three FDA-approved medications (Methadone, Buprenorphine, and Vivitrol) must have access to those treatments based upon their individual needs and preferences.



SCA Requirement: Ensure the availability of FDA-approved medication and assist with payment for medication. To meet this requirement the SCAs should:

- Have knowledge of all contracted providers within their county and surrounding areas available to prescribe or administer MAT, by type of MAT.
- Have an understanding of providers who can offer “bridge medications” until the patient can be connected to a provider closer to home, or who can offer more long term or intensive treatment.
- Recognize there may be providers who cannot provide certain forms of MAT.
- Be aware of providers who refuse to treat patients on certain forms of MAT.



SCA requirement: Educate patients/clients about MAT options. SCA should consider:

- Providers should offer information on the various forms of MAT.
- Working with the treatment provider to ensure an individual is informed of the efficacy, side effects/risks/benefits, alternative medication options, consequences of NOT receiving the medication (risk of treatment vs. no treatment).
- Providing information in a way the patient/client can easily understand.
- Must be a shared decision between the patient/client and provider.



SCA Requirement: Ensure medication and clinical therapeutic interventions are available in all levels of care, even if the SUD treatment provider is not the prescriber of the medication.

- Example: Patient/client is admitted to an outpatient provider who does not provide MAT or certain forms of MAT. Options to consider:
 - The SCA or the outpatient program assists a patient/client in getting linked to a MAT provider.
 - The provider allows the patient/client to be on MAT while getting services in their program.
 - The provider supports the patient/client in their decision to be on MAT.
 - The provider is in close contact with the MAT provider.
 - The provider (counselor) is educated on common clinical issues patients/clients on MAT may experience.



SCA Requirement: Ensure medication and clinical therapeutic interventions are available in all levels of care, even if the SUD treatment provider is not the prescriber of the medication.

- The SCA must ensure that their provider network, at each level of care, has the capacity to treat patients with MAT
- Knowledge of the services available at each provider
- Understand and work with providers to overcome barriers

SCA Requirement: Ensure that the individual's needs are met directly or through an appropriate referral to a prescriber.

- If the SCA is not providing MAT directly to patients, then they must contract for these services through appropriate providers.



SCA Requirement: Ensure that treatment and non-treatment providers do not exclude individuals on MAT from being admitted into services.

- Determine if providers are available to prescribe or administer all three forms of MAT.
- Determine if providers can offer “bridge medications” until they can get into a provider closer to home, or who can offer more long term or intensive treatment.
- Knowledge of providers who cannot provide certain or any forms of MAT.
- Knowledge of providers who refuse to treat patients/clients on certain forms of MAT.
- Knowledge of treatment providers who treat patients/clients on MAT, however, provide ill advice (examples: “important for you to taper off ASAP” or “you aren’t really in recovery as long as you are on _____”) or who segregate patient/clients on MAT from the general patient population.



SCA Requirement: Ensure coordination of care, with proper consent occurs in situations where a prescriber and the SUD treatment provider are not the same.

Scenario: Patient A is receiving individual counseling at a SUD treatment provider who does not have a MAT prescriber on site.

What could coordination of care look like?

- The outpatient provider has active releases of information that allow for a steady flow of communication with the MAT provider.
- Outpatient provider holds treatment status meetings with the patient and the MAT provider.
- Outpatient provider facilitates team staffing meetings that involve the MAT provider.



SCA Requirement: Ensure contracted providers admit and provide services to individuals who use MAT for SUD.

- Examples:
 - Review records.
 - Interview staff.
 - Interview patients/clients.
 - Review of data that includes information on # of patients/clients on MAT, by type of MAT.
 - Ask providers for a list of MAT programs they have relationships with, and the type of MAT they provide.
 - If providers do not have relationships with a provider for one certain kind of MAT (Methadone for example), provide TA to assist them in developing a process to work through these barriers and rectify this issue.





- Knowledge of treatment providers who treat patients on MAT, however, provide stigmatizing guidance (examples: “important for you to taper off ASAP” or “you aren’t really in recovery”) or who segregate patient on MAT from the general patient population.
 - Educate the treatment providers regarding MAT
 - Offer other options for the treatment providers to consider in their approach
 - Ask for TA from DDAP to assist with provider conversations



SCA requirement: Ensure provider capacity is sufficient to treat individuals who use MAT for SUD.

- All staff should be trained on all three forms of MAT (mechanism of action, contraindications with other substances, side effects/risks/benefits, understand the importance of consistently checking in with the patient/clients about their progress on MAT, helpful questions to ask, etc.)
- All staff should have the ability to coordinate care with MAT providers.
- All staff should treat patients/clients who are on MAT with dignity and respect and should support the patient/client's decision to be on MAT regardless of their own bias/personal feelings.
- Documentation regarding MAT is included on the treatment plan
- Staff clearly document progress on MAT in clinical documentation and on the treatment plan.



SCA Requirement: Provide information and referral regarding access to MAT to individuals who can obtain medications through other resources, such as medical assistance or third-party insurance.

- Providers should have lists of accessible Vivitrol, Buprenorphine, and Methadone treatment providers readily available for both patients/clients and staff.
 - [Buprenorphine Treatment Practitioner Locator | SAMHSA](#)
 - [OTP Directory \(samhsa.gov\)](#)
 - [Centers of Excellence \(pa.gov\)](#)
 - [Rural Access to MAT in Rural Pennsylvania \(pitt.edu\)](#)

SCA Provides Training and Technical Assistance on gaps in knowledge and availability of certain forms of MAT.



SCA Requirement: All treatment, including medication, must be individualized. SCAs may not place limits on a type of service or medication or restrict the length of service. DDAP will identify state or federal funds that are available only to providers that permit use of FDA-approved medications in the treatment of SUD. Contracted providers that restrict admission based upon medication use may not receive those funds to treat any individual or provide any type of prevention, intervention, treatment, or treatment-related service.



Considerations

- The residential facility, at a minimum, should train both clinical and medical staff who will have any role in providing treatment or services to the patient/client.
- Patients/clients in this program should be mainstreamed. They should not be segregated into a distinct track. This treatment model is an integrated treatment model.
- Movement to and through each level of care must be supported by the ASAM Criteria.



COORDINATION OF CARE BETWEEN TREATMENT PROGRAMS

- The NTP clinical staff person or the patient/client's counselor should participate in the clinical evaluations/reviews of their patient/clients at the residential facility.
- Assigned residential staff should maintain individual and group progress notes, treatment plans, and the treatment plan updates.
- Discharge planning and the development of aftercare plans should be coordinated with the NTP. The NTP is responsible for providing treatment services post-discharge.



Coordination of Care Between Treatment Programs

- With patient/client's consent, upon discharge from the residential facility, copies of progress notes, record of services, treatment plan and updates, discharge summary, final aftercare plan and recommended level of care according to ASAM criteria and any other relevant documentation should be forwarded to the NTP and placed in the patient's chart.
- If treatment exceeds 30 days, the progress notes, record of services, and treatment plan and updates should be forwarded to the NTP monthly.



Q&A



Question: When a MAT client relapses and does not want further help, is it appropriate to hand them their whole filled Suboxone Prescription?

Answer: If it is a Buprenorphine prescription in the patient's name, from a private practitioner, the provider must give the prescription to the patient if they request it.



Question: Our SCA has found some MAT issues with 3.7WM and 3.5 Inpatient LOC Providers not accepting individuals currently on MATs and seeking higher levels of inpatient treatment but wanting to continue on the MAT during inpatient treatment OR refusing to accept a referral for an individual who wants to start an MAT when the individual starts inpatient 3.7WM or 3.5 Inpatient. The provider(s) claim they are still “drug-free”. I have shared with these providers via e-mail our PACDAA boilerplate contract language around MAT Serviced and the DDAP Case Management & Clinical Services Manual. Is DDAP Licensing this or are they putting this on the SCAs for Monitoring?

Answer: SCAs are required to monitor providers and ensure that contracted providers do not restrict admission to any level of care based upon medication use. DDAP Bureau of Program Licensure does not monitor providers for compliance with this SCA contractual requirement.

DDAP’s Case Management and Clinical Services Manual 2020-25 Case_Mgt_and_Clinical_Srvcs_FINAL.pdf (pa.gov) Section 4.04 outlines very clear expectations for SCA’s in relation to Medication Assisted Treatment. SCA’s must ensure that treatment and non-treatment providers do not exclude individuals on MAT from being admitted into services and ensure contracted providers admit and provide services to individuals who use MAT for SUD. DDAP will identify state or federal funds that are available only to providers that permit use of FDA-approved medications in the treatment of SUD. Contracted providers that restrict admission based upon medication use may not receive those funds to treat any individual or provide any type of prevention, intervention, treatment, or treatment related service.



Question: 3.7/3.5's asking for an acceptance letter from an OTP/OBOTS confirming a client is a current/future patient and will be provided medication once discharged from the 3.7/3.5 level of care. This has put a barrier to access treatment due to clients needing to make several attempts to get this information when most OTP/OBOTS are reluctant to guarantee services without doing an in-person assessment/exam with the client. This work has caused clients to no longer attempt access to that higher level of care.

Answer: If the patient has not been discharged, they are still a patient of the NTP Program. With regards to Buprenorphine prescribed from an OBOT – DDAP does not regulate OBOTs. Residential facilities admitting patients on MAT and maintaining that patient on MAT while in residential care must be able to coordinate the continuation of MAT when that patient discharges from residential treatment. This explains why many residential facilities require verification from the prescribing or dosing provider that the patient can return to their care post discharge from residential care as a requirement of admission. If a patient is not able to obtain a letter ensuring they can continue to receive MAT upon discharge, residential facilities are encouraged to still admit these patients, and to utilize case management and care coordination while the patient is in residential care to identify a provider that can continue MAT for this patient upon their discharge from residential care.



Question: The 2.5-hour psychotherapy requirement some OTP's require clients to participate in when they should be successfully discharged from OP. Clients are asking to taper off the medication because they don't want to continue the 2.5 hours. I confirmed with SAMHSA there is no Federal guidance requiring this, and DDAP sent out a bulletin documenting they no longer monitor PA Code 715.16. DDAP might need to provide some tech assistance on how we should have these conversations with providers.

Answer: DDAP will be focusing future technical assistance calls on topics related this and other best practices for individuals on MAT. The American Society of Addiction Medicine published updated National Practice Guidelines for the Treatment of Opioid Use Disorder in 2020. In these guidelines they state that a “Patient’s psychosocial needs should be assessed, and patients should be offered or referred to psychosocial treatment, based on their individual needs, in conjunction with and pharmacotherapy for the treatment of, or prevention of relapse to, OUD. However, a patient’s decision to decline the psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacological treatment of OUD, with appropriate medication management.” Updates to the 2020 Guidelines can be accessed here: 2020 National Practice Guideline - OUD (asam.org). All attempts to engage the patient should be clearly documented in the patient record.



Potential Scenarios

- If the residential provider is not an NTP and cannot induct or provide Methadone, and a patient is assessed as needing to start on Methadone and the patient would like to start on Methadone.
 - Residential program has established relationships with NTP's in area and coordinate the patient's induction on Methadone while they remain in residential treatment.
 - The Residential program transports patient to the NTP daily to be dosed.
 - Program and program staff support the person in their decision to be on MAT.
 - Program and program staff are in close contact with the MAT provider.
 - The provider (counselor) is educated on common clinical issues patients on MAT may experience.



Potential Scenarios

OPTION 1:

- Residential program obtains records from patient's home NTP, verifies dosing record, and coordinates continued dosing at NTP in close proximity to residential facility.
- The Residential program transports patient to the NTP daily to be dosed.
- Program and program staff support the person in their decision to be on MAT.
- Program and program staff are in close contact with the MAT provider.
- The provider (counselor) is educated on common clinical issues patients on MAT may experience.

OPTION 2:

- Patient obtains 2 weeks – 28 days of take homes from home clinic; residential facility agrees to safely store medications while they are in residential treatment.
- Residential staff observes patient as they take their dose daily.
- Residential facility and home NTP are close contact throughout patient's stay and work on discharge planning collaboratively.



Additional Resources

- [Patient Education Brochures - Addiction Treatment Forum \(atforum.com\)](https://atforum.com)
- [Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System - National Academy of Medicine \(nam.edu\)](https://nam.edu)
- [Integrated Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity \(aatod.org\)](https://aatod.org)
- [Promising Practice Guidelines for Jail-Based Medication-Assisted Treatment NEW.indd \(atforum.com\)](https://atforum.com)
- [Recovery.pdf \(atforum.com\)](https://atforum.com)
- [Reducing Stigma Toward Medication-Assisted Treatment | USU](https://usu.edu)
- [The ASAM National Practice Guideline Supplement.pdf](https://guidelinecentral.com)
- [ASAM Provider Guide - National Practice Guideline for the Treatment of Opioid Use Disorder - 2020 Update \(guidelinecentral.com\)](https://guidelinecentral.com)
- [Project ECHO - Penn State Clinical and Translational Science Institute \(psu.edu\)](https://psu.edu)



Reminders:

Next ASAM TA Series Call

December 6th, 10am-11am

Topic = ASAM Monitoring

[ASAM Transition \(pa.gov\)](http://pa.gov)

Questions, Suggestions, or Technical Assistance?

RA-DAASAM@pa.gov

